

**SANDY CITY 4<sup>th</sup> July 5K Fun Run/Classic 10K**  
**INFORMED CONSENT AND AUTHORIZATION**

The undersigned, as the parent or guardian of \_\_\_\_\_,  
agrees to allow my child to participate in the program/activity described below.

**Program / Activity Description**

The Sandy 4<sup>th</sup> 5K Fun Run and the Classic 10K Race takes runners on roads that are paved and in good condition within the City. The route goes up north on Centennial Blvd, through Alta View Estates and Albion Village, south along Monroe, east along Sego Lilly Drive, then head south down Centennial Parkway. The course will then take you around the South Towne Mall to bring you back to the start finish line. 10K runners repeat this course to complete the run. The 5K Fun Run starts at 7:00 a.m. The Classic 10K starts at 7:15 a.m. Participation in this run carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) Minor injuries such as a sunburn, windburn, blisters, sprains & muscle ache; (2) major injuries such as, broken bones, dehydration and it's associated health risks (3) Catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

**Insurance**

I understand that in order for my child to participate in the program/activity described above, I am ***required*** to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier: \_\_\_\_\_ Policy / Id. No.: \_\_\_\_\_  
***(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)***

**Emergency Medical Care Authorization**

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child's participation in the above-referenced program/activity.

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Restrictions on participation (medical, etc.):** \_\_\_\_\_

**Name of Parent  
or Legal Guardian:** \_\_\_\_\_ **Signature** \_\_\_\_\_

(Please print)

**Parent Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Person to Contact in case of emergency:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

(Please Print)